



washburn
center
for children

Outcomes of Children Receiving
Mental Health Services from
Washburn Center for Children

Washburn Center for Children is deeply committed to delivering high-quality assessment, treatment, and training that improves the lives of children and youth served. Washburn Center accomplishes this through integrating innovative, meaningful evaluation into practice and providing effective training and consultation for agency staff and community collaborators. In an effort to better understand the service quality that Washburn Center delivers and assess how much and what kinds of progress children make, Washburn Center partnered with the University of Minnesota's Center for Advanced Studies in Child Welfare (CASCW) to examine parent reports on improvements in their child's functioning, behavior, and symptomology using the Strengths and Difficulties Questionnaire (SDQ). The results show that children benefit greatly from services received at Washburn Center. Parents report significant, clinically meaningful progress and improvement in emotional symptoms and behavior.



Washburn Center works with caregivers to routinely complete a tool called the SDQ for all children and youth served. The SDQ is a brief questionnaire that assesses common areas of social, emotional, and behavioral difficulties and asks caregivers to report on the child's functioning in six domains: emotions, conduct, hyperactivity, peer relationships, prosocial skills, and overall impact. The Total Difficulties Score was used in this evaluation to determine symptom change over time, which is comprised of the first four areas of functioning. The tool is used to communicate between clinical staff and caregivers about the level of a child's functioning. State requirements and practice at Washburn Center require that caregivers complete this tool approximately every three months, or as significant changes in the child's life occur.

As part of the partnership with CASCW, data from Washburn Center were connected to other types of service data (i.e., education records, child protection records, and juvenile court records) through the Minnesota Linking Information for Kids (Minn-LInK) project. The Minn-LInK project overcomes some of the challenges and barriers to cross-systems data sharing to provide researchers and other professionals a rare

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opportunity to understand the experiences of children and families served by multiple systems. Projects derived from Minn-LInK have benefited the state of Minnesota and the national community by allowing researchers to explore the impacts of policy, practice, and programs on the well-being of children in Minnesota, while carefully following data privacy requirements. The Minn-LInK project allowed Washburn Center to understand how children were progressing in treatment and functioning in other areas, such as school and community.

Evaluation questions were developed to better understand children's emotional and behavioral symptoms and functioning over time. Namely, the evaluation focused on understanding how children's symptoms changed over time as a result of receiving treatment at Washburn Center. In addition, children's functioning in other areas of life, including school and the community were examined.

Changes in Symptomology

Overall, it was learned that children served by Washburn Center benefit greatly throughout their treatment services. This type of progress is evident by improvement in the Parent-SDQ score. Based on caregiver report, the social, emotional, and behavioral functioning of children served at Washburn Center improved in clinically meaningful ways over the course of treatment. Findings revealed:

- SDQ scores tended to increase after the initial appointment, then improved during the course of services.
- Total SDQ scores improved at statistically significant levels from both the first to last score and highest to last

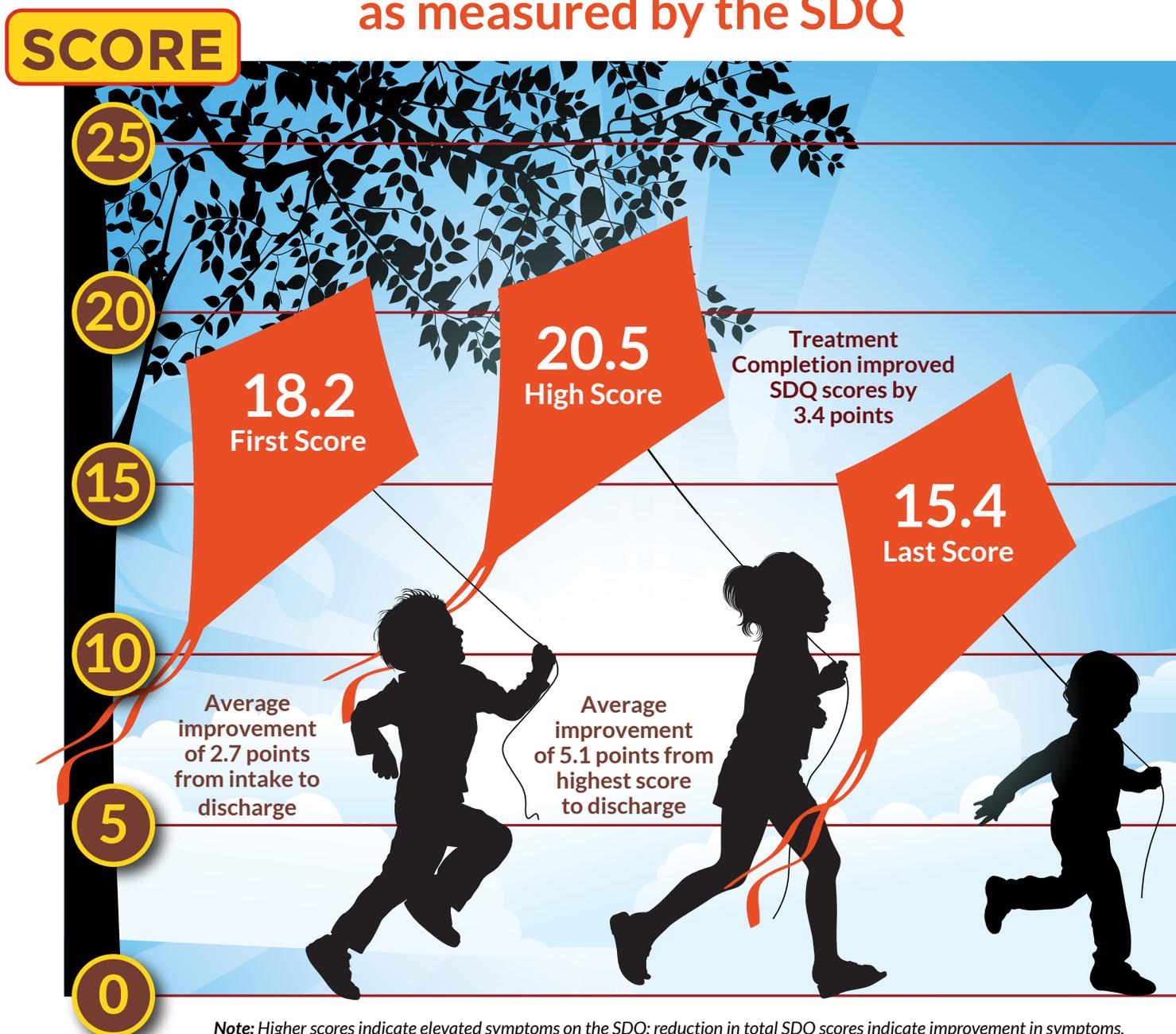
score with moderate to large effects. *Moderate to large effects mean that children made significant, meaningful progress by the time they left treatment.* On average, children began treatment in an elevated symptomology range and left treatment in the lower borderline symptomology range.

- Using an analytic comparison process created by researchers for the SDQ, it was determined that children's improvements were better than expected after receiving

mental health services at Washburn Center, compared to typical progress reported for similar services.

- The amount of progress made was consistent across race/ethnicity, gender, and age. Children, on average, experienced meaningful improvements in symptoms and functioning based on their SDQ score (i.e., symptoms) – both in terms of scores and area sub-scores, regardless of type of service provided and treatment completion status.

Changes in Symptomology Overtime as measured by the SDQ



Note: Higher scores indicate elevated symptoms on the SDQ; reduction in total SDQ scores indicate improvement in symptoms.

Possible areas for improvement were also identified. Despite the overall improvement in children's functioning, some children were at risk of not doing as well as their peers. For example, fewer children of color reached a "completion status" based on clinician report (i.e., the clinician indicated whether or not a child completed treatment at the end of service) compared to their Caucasian peers. While children's completion status was determined by clinicians and did not influence whether or not there was an improvement in symptoms as reported by caregivers, it remains important to explore whether further adjustments to intervention would better support all children in successful treatment completion.

Children's Functioning in Other Areas of Life

The evaluation partnership between Washburn Center and CASCW primarily focused on progress as it pertained to a reduction in symptomology. However, functioning in other domains – including school and community – were also of interest. We learned that children who received services from Washburn Center performed similarly to their peers (who did not receive services at Washburn Center) on the Minnesota Comprehensive Assessments in reading and math over time. However, children who completed treatment at Washburn Center scored significantly higher on the Minnesota Comprehensive Assessments than children who did not complete treatment. Children receiving services at Washburn Center, who had a history of contact with the Child Protection System (CPS), experienced lower rates of post-treatment CPS involvement than their peers. Children served by Washburn Center experienced juvenile court involvement at similar rates as their peers (11.3% compared to 10.3% of their peers).



Conclusion

The role of Washburn Center is incredibly important and has a significant impact on the well-being of children in Minnesota. Through its partnership with CASCW, Washburn Center has tested a way of using children's mental health service data to inform treatment and service delivery for future use by practitioners. In this way, Washburn Center for Children may serve as a model for other children's mental health centers and be poised to use this information to support improvements in policy and practice across the state of Minnesota.



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